

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	6,747,136
Issue Date	June 8, 2004
First Named Inventor	Persson et al.
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	6250-6146.20

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

105379

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

105379

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

X

Name

X MATS A A PERSSON ; MOLECULES OF MAN AB

Date

X APRIL 19 2012

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.